

**Texas Department of Agriculture**  
*Application to Operate a Public Grain Warehouse*

TODD STAPLES, COMMISSIONER

SEC. A	<b><sup>1</sup> FACILITY INFORMATION</b>			
	Are you applying for a combination grain warehouse license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in addition to this application, please complete form <b>RGW-301 Grain Warehouse Schedule A</b> for all facilities except the main record keeping facility that is referenced on this form.			
SECTION B	<b><sup>1</sup> TYPE OF APPLICATION</b>			
	<input type="checkbox"/> New Business		<input type="checkbox"/> Change of Ownership – previous account number: _____	
	<b><sup>2</sup> BUSINESS TYPE</b>		<b>TDA USE ONLY</b>	
	<input type="checkbox"/> Corporation		<input type="checkbox"/> Sole Proprietorship	
	<input type="checkbox"/> Limited Liability Co.		<input type="checkbox"/> Government	
	<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> Organization	
	<input type="checkbox"/> General Partnership			
			Client No.	Account No.
		Date (mm/dd/yy)	Initials	
<b><sup>3</sup> CLIENT INFORMATION</b>				
Full legal business name (owner's name if sole proprietor – no aliases)				
D.B.A. (if applicable)				
Comptroller Taxpayer ID No.(In-state businesses only)		Federal Taxpayer ID No. (Out-of-state businesses only)		
<b>SOLE PROPRIETORSHIP ONLY</b>				
<input type="checkbox"/> Social Security No. (SSN - Required) -                  -		<input type="checkbox"/> If you do not have an SSN you must attach form <a href="#">Affidavit for Occupational License - No Social Security Number (OGC-001)</a> available at <a href="http://www.TexasAgriculture.gov">www.TexasAgriculture.gov</a>		
<input type="checkbox"/> Driver License No. _____ (if SSN is not available)		<input type="checkbox"/> TX		
<input type="checkbox"/> State Issued ID No. _____ (if DL is not available)		<input type="checkbox"/> Other		

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Legal Business Name \_\_\_\_\_

<b>SECTION C</b>	<b><sup>1</sup> RESPONSIBLE PERSON INSTRUCTIONS</b>		
	Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated:		
	<ul style="list-style-type: none"> <li>♦ For a corporation, limited liability company, or cooperative, the president or CEO,</li> <li>♦ For a limited or general partnership, the managing partner or general manager,</li> <li>♦ For a sole proprietorship, the owner,</li> <li>♦ For any other type of business, the general manager.</li> </ul>		
	<b><sup>2</sup> RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER</b>		
	First Name	M. I.	Last Name
	Phone No. (      )      -      Ext.		E-mail
<b>SECTION D</b>	<b><sup>3</sup> RESPONSIBLE PERSON MAILING ADDRESS</b>		
	Address		
	City	State	Zip
	Web Address of Business (optional)		

<b>SECTION D</b>	<b><sup>1</sup> WAREHOUSE OPERATOR OR PERSON TO CONTACT FOR LICENSE-RELATED MATTERS</b>		
	First Name	M. I.	Last Name
	Primary Phone (      )      -      Ext.		Secondary Phone (optional) (      )      -      Ext.
	Fax (optional) (      )      -      Ext.		
	E-mail (optional)		Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b><sup>2</sup> MAILING ADDRESS</b>		
	Address		
	City	State	Zip

Legal Business Name \_\_\_\_\_

<b>SECTION E</b>	<b><sup>1</sup> FACILITY INFORMATION</b>			
	Unique Facility Name		Rated Grain Storage Capacity (Bu.)	
	<b><sup>2</sup> PHYSICAL ADDRESS OF LOCATION OF LICENSEE, LICENSED ACTIVITIES OR EQUIPMENT</b>			
	Address (No P.O. Box)			
	City	State	Zip	County
Directions to Physical Location if address above is difficult to find				

<b>SECTION F</b>	<b><sup>1</sup> OUT-OF-STATE APPLICANTS ONLY</b>		
	An applicant for a Public Grain Warehouse license whose principal place of business is situated outside the State of Texas must appoint and designate a resident citizen of Texas as said applicant's resident agent within Texas. This information is REQUIRED if address in Section C is out of state.		
	Who do you wish to designate as resident agent? <input type="checkbox"/> The Texas Secretary of State <input type="checkbox"/> Other (list below)		
	Resident Agent Name		
	Resident Agent Address		
City		Zip	Business Phone (     )     -

<b>SECTION G</b>	<b><sup>1</sup> APPLICANT INFORMATION</b>
	<p>Within the last 10 years, has any owner, partner, or major stockholder (more than 20% of stock) been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach a statement showing the felony crime for which you were convicted, the date of the conviction, the county where convicted, the sentence and terms of probation, if any, and a brief explanation of the circumstances of the crime and completion of any sentence or probation.</p>

<b>SECTION H</b>	<b><sup>1</sup> PAYMENT</b>	
	Please see instructions for applicable fees.	
	License Should Become Effective     /     / month   day   year	
	<b>REGISTRATION IS NOT VALID UNTIL APPROVED BY TDA.</b>	
	Method of Payment (payable to Texas Department of Agriculture) <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cashier's Check # _____ <input type="checkbox"/> Money Order # _____	
	Amount remitted \$	Mail to: Texas Department of Agriculture P.O. Box 12076, Austin, TX 78711-2076
<b>TDA USE ONLY</b>	Receipt No.	Date Receipt Issued

Legal Business Name \_\_\_\_\_

<b>SECTION I</b>	<b><sup>1</sup> SIGNATURE</b>	
	The applicant, by and through their personal or agent's signature below (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant's knowledge; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in payment of a guaranteed student loan and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. If signed by an agent (including employee) of the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.	
	Applicant Name	Title
	Applicant Signature	Date        /        / month   day    year

<b>SECTION J</b>	<b><sup>1</sup> CHECKLIST</b>
	<p>Please use this checklist to ensure you are sending all of the necessary information and documents.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Application to Operate Public Grain Warehouse</li> <li><input type="checkbox"/> Fee (see instructions for assistance with calculating the correct fee.)</li> <li><input type="checkbox"/> Schedule A – for those applying for a combination license.</li> <li><input type="checkbox"/> Schedule B – Verification of Insurance</li> <li><input type="checkbox"/> Schedule C – Certificate of Deposit (if you submit Schedule C, do not submit Schedule D or E.)</li> <li><input type="checkbox"/> Schedule D – Bond (if you submit Schedule D, do not submit Schedule C.)</li> <li><input type="checkbox"/> Schedule E – Bond Addendum (if you submit Schedule E, do not submit Schedule C.)</li> <li><input type="checkbox"/> Schedule F – Financial Statement (may use your own financial statement.)</li> <li><input type="checkbox"/> Conviction Information (if applicable)</li> </ul>
	<b>Please note that an incomplete application may result in processing delays.</b>